

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : MANDATO, Davide *et al.*
Appl. No. : 10/006,067
Filed : December 6, 2001
Title : HIGH-LEVEL INTERFACE FOR QoS-BASED MOBILE MULTIMEDIA APPLICATIONS
Art Unit : 2155
Examiner : BATURAY, Alicia

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL


Mailing Label Number: ER 158740238 US

Date of Deposit: September 30, 2005

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Chiaki Kokka

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)

AMENDMENT UNDER RULE 116

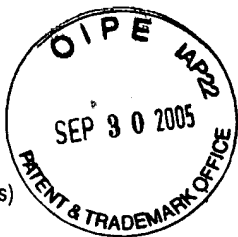
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of August 1, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2.

Remarks/Arguments begin on page 14.



10-03-05

PATENT
450117-03704AP
2155
JFW

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Serial No. : 10/006,067
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Filed : December 6, 2001
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MAIL STOP AF
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	24	Minus	46 =	0 x	\$50(25)	= \$0
Independent claims	2	Minus	3 =	0 x	\$200(100)	= \$0
				Total additional fee for this amendment		= \$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360 (\$180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a - month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A USPTO Form 2038 - Credit Card Payment Form in the amount of \$.00 is attached, which covers the cost of ☐ additional claims and ☐ - month petition for extension of time.
- ☐ Charge \$ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Chiaki Kokka

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

Samuel S. Lee, Reg. No. 42,791 for
By: William S. Frommer
Reg. No. 25,506
Tel. (212) 588-0800